As you probably know, this topic is my favourite one, so I am sad (more than usual) that we cannot discuss it face to face. At first, you are right that ideas described in those papers (the more language capacity people have, the less they use gestures, and vice versa) are also applicable in situations when people speaking foreign language.

What is generally confirmed (and what is confirmed in my research so far):

Broca’s aphasics have tendencies to use less words (and mostly non-semantic words like pronouns) than Wernicke’s and transcortical-motor aphasics, which is compensated with quite high amount of communication gestures (mainly iconic and deictic gestures). It is also possible to claim that persons with aphasia (PWA) with more distorted speech use gestures particularly as pro-speech gestures and co-speech gestures are used by healthy persons or PWA with relatively fluent speech.

Thus, you are absolutely right, that it is crucial to consider different gesture types to hold the potential of improving communicative effectiveness. You were also surprised that emblems are not used more to express meaning without having the need to be accompanied by speech. Well, the thing is that using of emblems can be risky, because both parts in communication must be familiar with the particular meaning of an emblem (= symbol), so that aphasics prefer rather iconic and deictic (= much more concrete) gestures.

You are also right that this type research is something that can be applied only to specific instances – particularly if you have Broca’s aphasics in your research, because 1) they have well preserved comprehension and 2) they are often not able to produce autosemantic words (well, Wernicke’s are often not able to produce proper autosemantic words as well as Broca’s, but as far as I know, Wernicke’s are much more creative in producing autosemantic words, so they could have a false feeling that they produce correct words, so that they do not have to try to compensate it in other way). If you have mainly Wernicke’s in your research, there is a risk they will not follow your instruction (because of bad comprehension) plus their speech can be too broken to analyse it. If you have e.g. transcortical-motor aphasics, they can surprise you, because their speech is often not so different from healthy persons who are only not so communicative.

You had quite interesting idea about a possibility to develop new methods for learning how to communicate, how to use gestures in communication and speech, maybe invent some conventionalized code that could PWA use (based on e.g. de Beer’s research). Again, you can involve only limited group of PWA into this type of procedures because of different level of their comprehension (= ability to learn something like a code).

Finally, it is true that there are also studies that support different point of view – that there is parallel breakdown of both communication channels, but it is often within quite hard cases, when global aphasia is diagnosed, so a person in not able to communicate anyway. Within another types of aphasia, it is possible to find at least small effort (→ success rate) when aphasics use gestures to support their speech.